NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

ASSOCIATE MEMBERSHIP UPDATE FORM (Retired members)

PLEASE RETURN TO **: NAPTOSA (Province Name)**
Email address : ***Province Email Telephone number*** **: Province Specific**

Please complete the fields provided. NAPTOSA is POPI compliant and by submitting this membership update form you consent to NAPTOSA collecting and updating your personal information. Click ***here*** *for our Privacy Notice or go to www.naptosa.org.za*

Surname					
First names (in Full)		Title		Initials	
ID / Passport Number		Date of birth	Y Y Y Y M M D D		
Cell phone no		E-Mail Address:			
Country Of Birth		Country Of Residence			
Nationality		Source Of Funds			
Personal Email address					
Home address				Code	
NAPTOSA Membership no (if available)	NAP	***NAPTOSA will always keep you updated with relevant, reliable information. Should you not require such information please unsubscribe.***			

Spouses' or Partner Details (Proof of relationship required)

	Name & Surname	Date Of Birth / ID Number	Relationship
1		Y Y M M D D	
2		Y Y M M D D	

Children Under 21

	Name & Surname	Date Of Birth / ID Number	Relationship
1		Y Y M M D D	
2		Y Y M M D D	
3		Y Y M M D D	
4		Y Y M M D D	
5		Y Y M M D D	
6		Y Y M M D D	

The Associate fee is R170 per annum payable in advance, <u>within 3 months from retirement</u> and thereafter annually before the end of February of each year. The fee is subject to change, which will be communicated in advance.

Please Note: If we do not receive your Annual Associate Subscription fee **before the end of February of each year you will not be covered by the Funeral Benefit Scheme.** The annual fee may not be pro-rated for a shorter time period. The full amount is payable upon becoming an Associate and in the year that you cease to be an Associate.

NAPTOSA FUNERAL SCHEME BENEFICIARY NOMINATION

Please note that this form includes your Funeral Beneficiary nomination and by signing the form you declare that you understand that this beneficiary nomination cancels all previous nominations, if any, that you have made with respect to the NAPTOSA Funeral Scheme payable by Safrican.

I hereby nominate the following person as the beneficiary of my NAPTOSA Funeral benefit in the event of my death: ***(NOTE: The Funeral Benefit will be paid into your estate if we do not have a valid Beneficiary Nomination form)***

Main Beneficiary Details:	First name		Title		
Surname					
ID/ Passport number		Date of birth	Y Y Y Y M M D D		
Relationship	Spouse / Life Partner	Child	Step-child	Parent	Brother/ Sister	Friend	Aunt/ Uncle	Niece/ Nephew
Contact telephone no					
Personal Email address					

In the event that the main beneficiary nominated above has passed away before the effective date of my death, they will be excluded from receiving the portion he/she was nominated to receive, and the following nominated beneficiary will receive any benefits payable:

Secondary Beneficiary Details:	First name		Title		
Surname					
ID/ Passport number		Date of birth	Y Y Y Y M M D D		
Relationship	Spouse / Life Partner	Child	Step-child	Parent	Brother/ Sister	Friend	Aunt/ Uncle	Niece/ Nephew

Contact telephone no	
Personal Email address	

If your circumstances change, for example you get married or divorced or have a child or a nominated beneficiary dies, and you want to change your beneficiary, you must complete a new nomination form.

The Funeral Scheme Benefit ceases on the date of your 70th birthday

Please send the completed form and annual proof of payment to the Provincial Office above with the following payment reference: "Your name & surname + Associate" OR your "NAP number + Associate"

NAPTOSA "Province Name"	Bank name:		Bank Code:
Current bank account number:			

By signing this form, or inserting my digital signature, I confirm that the information provided is true and correct.

Member's signature		**Date**	Y Y Y Y M M D D

Print and sign the form OR click "here" to see how to create and insert your digital signature. Unsigned and / or incomplete forms will not be accepted.

For office use	**N**	**A**	**P**							**Date Uploaded to Q LINK**									

Funeral Cover:

- We have expanded cover to provide more comprehensive protection for both you and your family.
- Cover has increased to:

Principal Member	20 000
Spouse (Up to two)	20 000
Child 14 - 21 years	20 000
Child 6 - 13 years	10 000
Child 1 - 5 years	10 000
Child 0 - 11 months	5000
Stillborn	5000

Coverage extends up to and includes individuals up to the age of 70. Exclusively available to NAPTOSA members from 1st September 2023. There are no extra charges; coverage is included in the membership fee.

Underwritten by
Safrican Insurance Company Limited | Reg. No. 1935/007463/06 |
A licensed insurer conducting life insurance business and also an
authorised Financial Services Provider FSP No: 15123

safrican
Live the Legacy